



Town of Apple Valley
1777 N Meadowlark Dr
Apple Valley UT 84737
T: 435.877.1190 | F: 435.877.1192
www.applevalleyut.gov

Date Received _____

Filing Fee \$250.00

Receipt Number _____

Simple Lot Split

Name of Applicant _____

Address of Residence _____

Phone number _____

Parcel number(s) and/or Address of Lot Split location _____

Purpose for Lot Split _____

This Lot Split application is to be used in accordance with Title 11.02.040 which includes, but is not limited to;

1. No more than 3 new lots may be approved by Town Staff.
2. The split does not impact an existing easement or right of way, or evidence is shown that the impact will not impair the use of any such easement or right of way.
3. Is in a zoned area, and conforms to all applicable land use code or has received a variance for the requirements of an otherwise conflicting and applicable land use code.
4. Meets the size requirements of the applicable zoning

Paperwork submitted by _____ Date _____

Applicant Signature _____ Date _____

Mayor Signature Approval _____ Date _____